

PUMPER EMPLOYEE APPLICATION FOR CERTIFICATE OF COMPETENCY

Complete application and submit with \$25,00 Exam Fee

PART I – Company Information

Business Name: _____ Registration KC # _____
Business Location: _____
Business Mailing Address: _____
Business Phone: () _____ Fax: () _____
Name of Business Operator: _____
☐ Partnership ☐ Corporation ☐ Single Proprietor

PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interception or Pumper
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper

Part III – Applicant/Employee Information (Attach additional pages on training if necessary)

Full name: _____
Place of Residence/Address: _____

Date	Name of Training Course(s)	Location

PART IV Signatures

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS.

I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETANCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

(Applicants Employee's Signature) Date _____

The above mentioned individual is currently employed at _____
(Company Name)

Signature of Business Operator _____
(Authorized officer of the corporation, or managing partner, or owner)

For Health Department Use Only:

Test Score _____ (i.e., for new applicants)

Fee Paid \$ _____

☐ Approved ☐ Disapproved Date _____

Remarks: _____

Health & Environmental Investigator